

FILED APR 5 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 7558

Registrar's No. 38

BIRTH NO. _____		REG. DIST. NO. 27		PRIMARY REG. DIST. NO. 3005		State File No. 7558	
1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Butler</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Butler</u>			
c. LENGTH OF STAY (In this place) <u>life</u>				d. STREET ADDRESS (If rural, give location) <u>W. Vine</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hospital</u>				e. STREET ADDRESS <u>W. Vine</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Cyrus</u>		b. (Middle) <u>Cleveland</u>		c. (Last) <u>Hedger</u>	
4. DATE OF DEATH		(Month) <u>3</u>		(Day) <u>26</u>		(Year) <u>50</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>5-16-1881</u>	
9. AGE (In years last birthday) <u>68</u>		10. MONTHS <u>10</u>		11. DAYS <u>10</u>		12. IF UNDER 12 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Bates Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Hedger</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Hussey</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Hedger</u>		ADDRESS <u>Butler, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u> ANTECEDENT CAUSES A. Forbidding conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonia</u> DUE TO (c) <u>Chronic myocardial infarction</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3/11/50</u> <u>3/13/50</u> <u>appears 7 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) <u>Butler</u> (COUNTY) <u>Bates</u> (STATE) <u>Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4222</u>			
22. I hereby certify that I attended the deceased from <u>Nov 23, 1947</u> , to <u>March 26, 1950</u> , that I last saw the deceased alive on <u>March 26, 1950</u> , and that death occurred at <u>6:40 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Chas A. Lusk Jr. M.D.</u> (Degree or title)		23b. ADDRESS <u>Butler, Mo.</u>		23c. DATE SIGNED <u>3/27/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-28-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mem Howard Cemetery</u>		24d. LOCATION (City, town, or county) <u>Bates Co. Missouri</u> (State) <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>March 27-1950</u>		REGISTRAR'S SIGNATURE <u>Ronald Hussey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John E. Underwood</u>		ADDRESS <u>Butler, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 3-50-335

Date Filed 4-4-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Robert G. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butte, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.